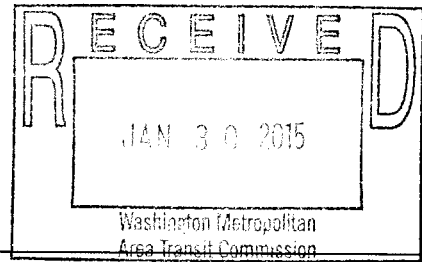


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

676 RMA Coach, LLC

*WMATC No. *Name of Carrier (as shown on certificate of authority)

12270 Wilkins Avenue Apt./Suite City State Zip

*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

(301) 231-6555 (800) 878-7743 (301) 231-9677 amiesemer@rimalimo.com

*Telephone

Other Telephone

Fax

E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

1424655 2014

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Art Miesemer Vice President

*Name

*Title

(301) 231-6555 (800) 878-7743 (301) 231-9677 amiesemer@rimalimo.com

*Telephone

Other Telephone

Fax

E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process

Telephone

E-mail

Agent Address (must be inside Metropolitan District)

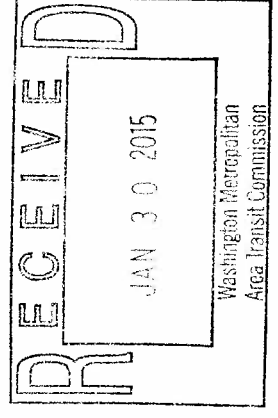
Apt./Suite City

State

Zip

RMA Coach LLC Certificate #676

RMA ID	YEAR / MAKE / PASS #	MINIBUSES	MD PLATE	VIN NUMBER
4201	2012 CHEVY GLAVEL 4500		10029P	1GB6G5BG2C1160297
B4401	2014 FREIGHTLINER 33		025P21	1FVACWDT2EHFS4978 ✓
B4402	2014 FREIGHTLINER 33		025P22	1FVACWDT0EHFS4980 ✓
B4403	2014 FREIGHTLINER 33		025P23	1FVACWDT2EHFS4979 ✓
B4404	2014 FREIGHTLINER 33		025P24	1FVACWDT2EHFS4981 ✓
B4700	2007 FORD ECONOLINE LIMO BUS 14		10035P	1FDXE45P17DA69680 ✓
B4801	2008 KRYSTAL (CHEVY) 32		009P35	1GBG5U1978F410358 ✓
B4802	2008 KRYSTAL (CHEVY) 32		009P36	1GBG5U1988F409946 ✓
B4803	2008 KRYSTAL (CHEVY) 32		009P37	1GBG5U1958F411962 ✓
B4804	2008 KRYSTAL (CHEVY) 32		025P06	1GBG501908F410282 ✓
RMA ID	YEAR / MAKE / PASS #	CIRCULATOR BUSES	MD PLATE	VIN NUMBER
4104	2011 EL DORADO EZ RIDER 32		10116P	1N9MNAAC64BC084222 ✓
4105	2011 EL DORADO EZ RIDER 32		10115P	1N9MNAAC66BC084223 ✓
4106	2011 EL DORADO EZ RIDER 32		10114P	1N9MNAAC68BC084224 ✓
4912	2010 ELDORADO EZRIDER 31		09767P	1N9MNAAC1AC084117 ✓



5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

No CHANGES.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
			- SEE ATTACHED -				

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

ART MIESENER

*Name (type or print)

V P OPERATIONS

*Title (not required for sole proprietors)

*Signature

*Date

1/29/15